



Frequently Asked Questions

The Setting is integrated and supports full access to the community

1) **Isn't my setting already integrated because it's not an ICF or other institution?**

Not necessarily. While a residential setting may not be an ICF, it is possible for a provider to run a small residential setting like an institution, thereby denying the individual the true benefits of living an integrated life in the community.

2) **Can I comply with HCBS if there are several people with disabilities living in the same neighborhood/area?**

Yes, you can. Living in a neighborhood where other people with a disability live is not prohibited. A key component of HCBS compliance is whether individuals have the opportunity to regularly access the community and their services and supports ensure that access. Relationships should be fostered with people not receiving Medicaid HCBS. A red flag would be if the neighborhood or street included only people with disabilities, such as a gated community. And, if neighbors/the surrounding community did not view the setting as part of their community and were not welcome to walk down the street and visit.

3) **What if some individuals I serve do not want to build relationships or go out very often?**

All individuals have different preferences and choices in how and when to build relationships, spend time with friends/family, types of recreation and leisure. These preferences and desires should always be solicited, discussed, and documented as part of the person centered planning process. Through this process, you will find when and how individuals want to build relationships and pursue activities. Preferences should be respected. It's okay to encourage, but never force, participation. However, this process should not be stagnant. An individual's needs and desires may change. A "no" does not mean never, it could mean "not today." It would be a red flag if ALL of the people you support do not want to build relationships or go out very often.

4) **Should I be discouraging activities/outings that are with other people with disabilities or individuals receiving Medicaid HCBS?**

No. HCBS compliance is ensuring the individual has access to typical community life activities outside of the setting. Individuals should have the opportunity to participate in a variety of activities – some of which may be with the people they live with or with other people with disabilities and some may be with people without disabilities in the community. Some activities should foster relationships with community members unaffiliated with the setting.



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Rights of privacy, dignity, respect, individual initiative and autonomy

5) **Aren't all of these rights already covered within the DBHDS Human Rights regulations/requirements?**

No. HCBS rights go beyond human rights. There is some overlap. However, HCBS rights are more specific. HCBS rights are new and, per federal regulation, are afforded specifically to individuals receiving Medicaid HCBS. It is important that individuals and families know their HCBS rights and how to exercise those rights.

Optimize, but does not regiment individual initiative and autonomy

6) **Aren't we already including the individual because of the ISP process?**

Individuals receiving services, or a person of their choosing, must have an active role in the development and update of their person-centered ISP. HCBS services should be provided in such a way that choices and preferences are regularly sought, respected and addressed.

Facilitates choice regarding services and supports and who provides them

7) **What do we do if some of the individuals we serve can't understand all the services and supports?**

To ensure HCBS compliance, it is the responsibility of all providers to ensure that pertinent information is communicated in a manner that the individual can understand. Some individuals may have a family member or surrogate decision maker who helps explain things and supports the decision making process. It is important to also engage an individual's family/friends/support system.

8) **What if there are others, such as parents/guardians, who have opinions about needs and supports?**

It is important to keep individuals parents/guardians/authorized representatives involved during the person-centered planning process. HCBS services should be provided in such a way that choices and preferences are regularly sought, respected and addressed. Differences of opinions should be discussed, and sometimes negotiated, in a manner that reflects the choices and preferences of the individual.

9) **Will the State grant exceptions to providers if it is determined that a setting does not meet the federal home and community-based settings rules?**

No. The federal regulations do not provide for any exceptions to or waivers of the home and community-based settings requirements.